

FAQs: The Arizona Medical Board and Chronic Pain Management

Does the Arizona Medical Board have published Guidelines for Treatment of Chronic Pain which are readily accessible to Arizona physicians?

Yes. The Arizona Medical Board has published these Guidelines since the early 1990's. The Guidelines were originally available in print, and have been available online for as long as there has been an AMB website. The direct link for the Guidelines is http://azmd.gov/pain_management/Guidelines.pdf

Are the Arizona Medical Board's Guidelines for Treatment of Chronic Pain consistent with modern principles of chronic pain management?

Yes. The Board's published position mirrors current state-of-the-art pain management principles as identified in the Federation of State Board's Model Policy, as well as the Consensus Statement published by the American Pain Society and the American Academy of Pain Medicine. APS and AAPM are mainstream national organizations dedicated to advocacy for pain physicians and their patients.

What is the purpose of the Guidelines for Treatment of Chronic Pain set forth by the Arizona Medical Board?

The Guidelines explicitly state that these “are provided to encourage physicians to view pain management as a part of quality medical practice for all patients with pain.... The guidelines demonstrate the Board's desire to encourage physicians to administer controlled substances in the course of treating pain without fear of disciplinary action from this Board when such treatment is provided with the accepted community standard of care”.

Do the Guidelines for Treatment of Chronic Pain mandate frequent office visits, opioid agreements, specialist consultation and/or urine drug screens when prescribing opioids for chronic non-malignant pain?

No. Although a clinician may choose to use one or more of these tools at his/her discretion, none of these are mandated in the Guidelines for routine use when prescribing opioids for chronic pain.

Are there cases in which frequent office visits, opioid agreements, specialist consultation and/or urine drug screens are strongly indicated when prescribing opioids for chronic pain?

Yes. As with many medical problems in addition to chronic pain (for example diabetes, coronary artery disease, seizure disorder, etc), a patient with poorly controlled symptoms, history of non-compliance with medications, and/or at high risk for medication-related complications may require closer monitoring, more frequent office visits, specialist consultations and/or more sophisticated laboratory testing than a patient who is stable and

at low risk for complications. As with other medical problems, the Board expects the physician to recognize and follow up on escalating symptoms or unusual behavior patterns that suggest poorly controlled pain, non-compliance and/or high risk for complications (including substance abuse, addiction and/or diversion).

Are the Board deliberations regarding disciplinary actions open to the public?

Yes. The Board's meeting dates, location and agenda are prominently displayed well in advance, on the AMB website. Formal interviews of physicians and the Board's deliberations are conducted in the public venue. Shortly after each meeting, the minutes are posted on the AMB website. In addition, all disciplinary actions taken by the Board in the preceding 24 months are posted on the AMB website under the heading "Recent Actions". The basis for the disciplinary action is included in an attached public document, which provides a summary of the salient facts of the case and deviations from standard of care, while preserving the patient's privacy rights.